APPENDIX E: FORM TO ESTABLISH RATE FOR SERVICE

VENDOR NAME: _____

Budget Recap of Expenses

I. PERSONNEL

    A. Salaries (Attach Personnel Addendum)   _____

    B. Fringe Benefits: _____

II. SUBCONTRACTED SERVICES

    A. Consultants: _____

    B. Audit Service: _____

    C. Other (Identify)   _____

III. TRAVEL

    A. Mileage (Show rate of Reimbursement)   _____

    B. Per Diem (Show Rate of Reimbursement)   _____

IV. SPACE

    A. Telephone   _____

    B. Rent (include copy of lease)   _____

    C. Use Allowance (No More than 2% of
        Acquisition Cost/Year)   _____

    D. Rental Rate System   _____

    E. Utilities   _____

    F. Maintenance of Building/Grounds   _____

    G. Minor Repairs to Building   _____

V. SUPPLIES

    A. Office   _____

    B. Household   _____

    C. Recreational   _____

    D. Educational   _____

    E. Medical   _____

    F. Personal Care   _____

VI.   EQUIPMENT

    A. Rental (include rental agreement)   _____

    B. Repair   _____

    C. Depreciation
        (Attach Depreciation Addendum)   _____

VII.   OTHER

    A. Insurance   _____

    B. Vehicle Operation   _____

    C. Taxes   _____

    D. Food in Excess of USDA   _____

    E. Other Allowable Costs   _____

    F. Specify General Categories   _____

VIII.   TOTAL PROGRAM COST   _____

IX.   PROGRAM INCOME. Please report all income from all sources available to your program.
(Detail Sources)

_____   _____   _____

_____   _____   _____

_____   _____   _____

X.   CLIENT DATE

    A.   Potential Units of Service (Multiply
         License Capacity by Days in Year)   _____

    B.   DHR Eligible Units of Service   _____

    C.   Ineligible Units of Service   _____

XI.   RATE OF INFORMATION

    A.   Proposed_____ Slots at **$**_____ Fixed Rate for

         $_____ Total Allocation

1. PERSONNEL ADDENDUM

A. Number of Persons	B. Position Description	C. Gross Salary Per Pay Period	D. % Time on Project	E. Pay Periods to be Employed	F. Total Project Cost (AxCxDxE)
		$	%		$
		$	%		$
		$	%		$
		$	%		$
		$	%		$
		$	%		$
		$	%		$
		$	%		$
		$	%		$
		$	%		$
		$	%		$
		$	%		$
		$	%		$
		$	%		$
		$	%		$
		$	%		$
		$	%		$
		$	%		$
		$	%		$
		$	%		$
		$	%		$
		$	%		$
		$	%		$
		$	%		$
		$	%		$
				Subtotal Salaries:	$

FRINGE BENEFITS (Project Share Only)

		FICA			$
		Workman's Compensation			$
		Health Insurance			$
		Other (specify)			$

			. . . .		
					$
					$
				Subtotal Fringe Benefits:	$
				TOTAL PERSONNEL:	$

2. SUBCONTRACTS (All subcontracts require the Department's prior written approval.)					**TOTAL DHR SHARE**
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
				TOTAL SUBCONTRACTS:	$
				Rental/Lease	$
				Repairs	$
				Maintenance Agreements	$
				Use Allowance	$
				Office Furniture	$
				Office Furnishings	$
				Other (specify)	$
				TOTAL EQUIPMENT:	$